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| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06) | | | | | | | | Application Number <div style="font-size: 1.2em; font-family: cursive;">10/519,105</div> | | Filing Date <div style="font-size: 1.2em; font-family: cursive;">12/23/2004</div> | | |
|--|----------|--------|-----------------------|--------|------------------------|--------|-------|--|-------|--|-------|--------|
| | | | | | | | | Applicant(s) <div style="font-size: 1.2em; font-family: cursive;">Tsutomu Yoshitake, et al.</div> | | | | |
| | | | | | | | | * May be used for additional claims or amendments | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | | | |
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| Claims | | | | | | | | | | | | |

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